



John Rooney
Superintendent of Recreation

TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
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Girls High School Volleyball Clinic 2016

Who: Grades 5 –12

When: Wednesdays, June 29th – August 3rd

Time: 5pm -6:30pm (Grades 5-8), 6:30pm-8pm (Grades 9-12)

Where: Montauk Playhouse

Fee: \$45.00

Register: Parks and Recreation Department or Montauk Playhouse

www.ehamptonny.gov



Town Of East Hampton Waiver of Liability

PLEASE PRINT NEATLY AND CLEARLY ALL INFORMATION BELOW!

As parent/guardian for _____ (name(s) of child/children enrolling).

I hereby grant permission for his/her participation in the "EAST HAMPTON TOWN PROGRAM " sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my childs/childrens' participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my childs/childrens' participation in the program.

VERY IMPORTANT TO WRITE & PRINT CLEARLY

Names of children:

Sex: ____ Male ____ Female	Sex: ____ Male ____ Female	Sex: ____ Male ____ Female	Sex: ____ Male ____ Female
GRADE: ____	GRADE: ____	GRADE: ____	GRADE: ____
AGE: ____	AGE: ____	AGE: ____	AGE: ____

Address: _____

Telephone #: _____ **Cell Phone #:** _____

E-Mail: _____

Date: / /

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____